FEC STATEMENT OF

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FORM 1	ORM 1 ORGANIZATION					2012 OCT 25 AM 11:52 FEOMM ANIONCENTER		
NAME OF COMMITTEE (in	ı full)	(Check if name is changed)		imple:If typing, type r the lines.	12FE4M5			
WYOMING	PEM	IOCRATIC LE	ADE	RSHIP FED	ERAL C	OMMI	TTEE	
ADDRESS (number a	nd street)	P. O. BOX 1	6194					
(Check if address is changed)		PLANTATIO	N		FL	33318		
			CITY		STATE	ZIP	CODE	
COMMITTEE'S E-MA (Check if is change	address	SS (Please provide only one Democratic		ershipComm	ittees@	gmail.c	om , , ,	
COMMITTEE'S WEB	PAGE ADD	DRESS (URL)						
(Check if address is changed)								
2. DATE ÄC)°′17	" [′] 2012 [°]						
3. FEC IDENTIFIC	CATION NU	UMBER C						
4. IS THIS STATE	MENT 🔀	NEW (N) OR		AMENDED (A)				
I certify that I have of		is Statement and to the b			is true, correc	t and complet	de.	
Signature of Treasure	ər	Heranden	Cle	utes	Date ÎC	î ′ 17°	[′] 2012 [°]	
NOTE: Submission of		ous, or incomplete informations.	•	7		•	of 2 U.S.C. §437g.	
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